

Assessor's Office

One City Hall Plaza Manchester, NH 03101 Tel.: (603) 624-6520 Fax: (603) 628-6288

www.manchesterNH.gov/assessors

Disabled Property Owners – 2013 Exemption Information Sheet

Exemption for the Disabled, RSA 72:37-b - Application for Exemption or Tax Credit, RSA 72:33

****Applications accepted after January 1, 2013 - Filing deadline is April 15, 2013***

PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION

To qualify you must be:

- The owner of record on or before April 1, 2013
- A resident of NH for 5 consecutive years on or before April 1, 2013
- > If real estate is owned by a spouse, they must have been married for 5 consecutive yearrs on or before April 1, 2013
- Must be under the age of 65 on April 1, 2013 and receiving Title II or Title XVI Social Security Disability (Social Security Disability benefits convert to retirement benefits at age 65. Taxpayers can apply for the Elderly Exemption.)
- > Property where exemption is claimed must be the applicants principle place of abode to the exclusion of all others.

Total income from all sources including any retirement income and Social Security:

- Single person cannot exceed \$100,000 per year
- Married person cannot exceed \$100,000 per year

Total allowed assets (at the date of application, or April 1st if requalifying) of \$200,000 excluding the value of your dwelling unit:

- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- > CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc.
- > Other assets tangible or intangible less any indebtedness.

You must provide the following (if applicable):

- ➤ 2012 Federal income tax return including all W2's, 1099's, etc.
- > 2012 VA benefits statements
- ➤ 2012 State Interest and Dividends Tax Forms
- > Bank Statements -current 3 months (full copies) for checking and/or savings accounts
- ➤ Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc (full copies)
- > Property Tax Inventory Forms filed in any *other* town
- > Copy of the Trust if property is owned by a trust, Power of Attorney documentation
- > Drivers license or birth certificate
- Documentation of any Alimony, Child Support, Fuel, Electric, Rental, Assistance from Others.

If you qualify your exemption will be:

Yearly exemption in the amount of \$140,000 of assessment deducted from your total assessed value, or a percentage of that amount relating to the percent of ownership. RSA 72:41 Proration

revised 10/03/12

CITY OF MANCHESTER

Disabled Exemption Application - Tax Year 2013

Income and Asset Statement Provided for Year 2012

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a
Applications accepted after January 1, 2013 - Filing deadline is APRIL 15, 2013

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot Account No (Applicant) Owner Name	Applying for: Disabled Exemption Owner Date of Birth	
Co-Owner /Spouse	Date of Birth,(circle one) *attach divorce decree	
Address	Married Single Widow Divorced	
City/State/Zip	New Hampshire resident since	
Telephone Number	Cell Phone Number	
Prior address if less than 5 years	If married, how many years	
Life Estate/Trust Name* (if any)	Please indicate type of residence:	
If the property is owned by a Trust a PA-33 must be completed with a full copy	Single Multi # of units'	
the Trust.	E-mail	
If you own a multi family, do you have a mortgage Y/N	Mortgage amount balance\$	
O What is your primary place of abode? If any of the following categories do not appl INCOME INFO FOR THE PERIOD JANUARY (Please attach additional Supporting Documents MUST be put in order of numbers)	y to YOU, please write NA in that space. ORMATION 1 TO DECEMBER 31, 2012 I sheets if necessary)	
	Owner Co-Owner (Spouse)	
 Social Security \$ (Gross, annual) Sos. Sec. Disability Income (Title II or Title XVI) VA Benefits (Pension/Disability Income) Short Term/Long Term Disability Income 		

7. Interest Income (a	all sources) Account #		Amount	
•			Amount	
•	Account #		Amount	
•	Account #		Amount	
7. Dividend Income	(all sources) Account #		Amount	
•	Account #			
•	Account #		Amount	
8. Real Estate Renta	l Income (annual)	Total	Amount	-
9. Other Income (Fue	l or Electric Assistance, Alimony, Chi	ild support, SSI dependant child, gan	nling, etc) Amt	
10. Is anyone (other t	han a spouse or co-owner)	living with you? Y	esNo	
If Yes, please list amount	of assistance, bills, or rent pa	aid annually	Total amt	
Additional Comments:(a	ttach additional sheets if necessary			
		◆ Total Inco	ome:\$	
11. Other Real Estate	AS OF THE DATE O (Please attach addition	ORMATION OF THIS APPLICATION Conal sheets if necessary)		
11. Other Real Estate	: (Street Address) ((Market Value) (Please a	tach copy of property	tax bill.)
Do you own (individually, jo mobile homes or time shares	intly, in common, fractional, et	c.) any other real estate anywl	nere including homes,	land,
12 Vahiela 1. Maka	Model	Voor Milos	Volue	
Vehicle 2: Make	, Model, Model	, i eai, ivilles Year Miles	ValueValue	
Vehicle 3: Make	, Model	, Year, Wiles	ValueValue	
				
13. Other Personal Pr	op	Lot of land		
		Value) (Descrip	tion)	(Value)
14 Please attach curre	ent full copies of 3 months/o	vr augrtarly stataments on	all accounts	
Checking Account #	Bank Name	Name(s) on account	Balance	\neg
	10.	, , , , , , , , , , , , , , , , , , , ,	20101100	
,	31778		*	
				
Savings Account #	Bank Name	Name(s) on account	Balance	
	20.1111101110	rtamo(e) on account	Balanoo	_
-				
	**16			
Credit Union Account #	Credit Union Name	Name(s) on Account	Polonos	\neg
Credit Official Account #	Credit Union Name	Name(s) on Account	Balance	
;			- 17.00	
	**************************************	7+1		
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CD Account #	Bank/ Institution Name	Name(s) on Account	Balance	_
	137			\dashv

I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance
Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance
Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value
Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value
Mutual Funds Account#	Bank / Institution Name	Name(s) on Account	Balance
Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value
			·
15. Other Assets:	(Explain)		\$ Amount
,	the applicant on this app	olication will be verified	\$d through all resourc
/We, the undersigned, agree	y of Manchester and the A to Repay the City of Manchester, sentation or omission of informat	, NH for any Exemption procu	
SSESSOR'S OFFICE WITI	HOLD CIRCUMSTANCES (INC HIN 30 DAYS. Failure to do so v y that the information provided in the owledge.	vill result in suspension of Exe	mption. I/We swear, under
	onstitute(s) the granting of my/ ou n all sources concerning my/our h		nchester, NH to obtain
Owner Signature	Date	Co-Owner Sig	nature Da
hared drive: 2013 Exemption a	application		revised Oct 3, 2012

The City will not release or discuss your information with any party without your express written permission.

Check here if you would like us to discuss your application with a friend, family member or caregiver.

Name of that person, relationship	Phone#
Name of that person, relationship	Phone#
Signature	Date
For the A	Assessing Office Only
Mu	dti Family Asset
Number of units	
Total assessed value \$	
Total assessed land value \$	
Total assessed building value \$	
Mortgage amount \$	
Application Taken By:	Date
Do the taxpayers need a mortgage letter	
Would you like to pickup your financial statements after we a	are done or can we shred them?
Comments on Application	
	
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Approved Denied	Date